

# Questions About Performance, Pain, Lack Of Libido

*Editor's note: The following e-mails and responses are reprinted with permission of those who wrote them.*

**DEAR DR. SCANTLING:** I'm at my wits' end. I'm in my 60s, and over the years I've been experiencing reduced amounts of ejaculate. I went to a urologist, who said that I had "reverse ejaculation,"



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which he said was something that "just happens" to some older men. I had a vasectomy many years ago and wonder if that could be contributing to my problem.

I did some research online and found that some pseudoephedrine (Sudafed) can help

with this problem — it seems to work intermittently. I've always been a sexually active person, but now I'm embarrassed . . . and my performance has become an issue. Any ideas?

— Fred from Unionville

**DEAR FRED:** First of all, a few questions. In what way has your "performance become an issue?" What is it about your problem that embarrasses you? How has your pleasure changed physically, emotionally or in other ways? Is your partner concerned, and if so, what's his or her worry? What does ejaculation mean to you (in a broader sense)? Is it a measure of your manhood in the same way that some women

equate ovulation with femininity? The meaning of a problem is as important to understand as the problem itself.

Technically, "reverse" ejaculation is another term for retrograde ejaculation — when semen enters the bladder instead of being expelled through the urethra during orgasm. It can be diagnosed by examining a urine specimen following ejaculation (although in your case, since you've had a vasectomy, we wouldn't expect to find the presence of sperm). It can be caused by some surgeries on the bladder or prostate, medications that relax the urinary tract, or can sometimes occur as a neurological complication of diabetes. There are also some psychological and relationship issues that can factor in.

There are so many of us who ruin a perfectly good sexual opportunity because we're worried about some expected level of performance. Ask yourself this: When it comes to my sexual preferences, how firm is a firm-enough erection on a scale of one to 10. Some men answer "12." How long should a man last from the moment of penetration to climax? How many contractions should there be with each ejaculation? Yes, men measure that number, too. And, in this case, how much ejaculate should be produced each time? The answer to all of these questions is the same: It depends.

Although there are men who report less intense orgasms and lowered sensitivity with reduced amounts of ejaculation, others describe highly pleasurable orgasms with little or no ejaculate. But if you'd like some

cocktail-party trivia, research tells us that there are about 10 or so contractions with each ejaculation at an interval of about 0.6 of a second. Most men "last" about two minutes from penetration to ejaculation. And the "average" amount of ejaculate varies from 1.5 to 5 milliliters (about a .25 to one teaspoonful — not a cupful, as some of the explicit videos might have us believe).

Ejaculation volume varies from man to man, from one sexual time to another, and tends to be one of those "maturity" things that decrease with increasing age (along with the urge to ejaculate — great news for those who have been rapid ejaculators in their early years).

You asked about Sudafed. I'm not familiar with the use of pseudoephedrine as a treatment for retrograde ejaculation, but I tend to be suspect of a one-pill fix when it comes to sexuality. Antihistamines can contribute to erectile dysfunction, so you might just be substituting one problem for another.

From what you've told me, Fred, you sound as if you've become so focused on the reduction of your ejaculate that I wouldn't be surprised if it's distracting you from your enjoyment of pleasure in other forms. I can't help but wonder how your partner feels (if you're in a relationship) as you struggle with this problem. Hopefully you've discussed it together.

When we worry about our sexual performance, it's like dumping ice water on passion. Since you've been reassured by your physician that there isn't anything to be concerned about

physically, I suggest you and your partner see a qualified sex therapist or other professional who can help you redirect your attention to experiences and images that are much more exciting and passionate. You might want to start at [www.AASECT.org](http://www.AASECT.org).

**DEAR DR. SANDY:** I am in my early 50s and had a total abdominal hysterectomy, with the removal of both fallopian tubes and ovaries, because of Stage II ovarian cancer. Since that time, I've had six chemotherapy treatments, but now, more than two years later, I am cancer free.

My question is about my sexual functioning. Before the diagnosis, intercourse was painful. Now it is worse. Could this be a simple case of vaginismus? I also have no libido, and even touching my genital area is uncomfortable due to the lack of lubrication and sensation. I don't know which of my doctors to discuss this with or what questions to ask. Can you offer some guidance?

— Sarah from Hebron

**DEAR SARAH:** Congratulations on being cancer free and for searching out solutions to your sexual concerns.

From your history of pain that predates your cancer diagnosis and your description of decreased vaginal dryness and that "touching your genital area is uncomfortable," I can tell you that your problem is not a "simple" case of vaginismus (the involuntary contraction of the outer third of the vagina, making penetration difficult or

uncomfortable).

Pain on intercourse, decreased lubrication and "no libido" are complex, interrelated issues. I suggest you begin by seeing your internist and/or your gynecologist. Either of them could offer a comprehensive evaluation of your sexual concerns in relationship to your past history, hysterectomy, chemotherapy, hormonal status, overall physical and emotional health and intimate relationship. If you would like to discuss this with me personally, please don't hesitate to give my office a call.

The good news is that once your issues have been correctly diagnosed, there are a number of excellent treatment options available to improve the quality of your sexual functioning. Good luck, and don't give up on your right to have sexual pleasure!

*This column is not intended as a substitute for professional, medical or psychological advice, diagnosis or treatment. Case material used here includes composites and is not intended to represent any actual couple or individual.*

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